



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

HOUSTON MEDICAL GROUP
MARK BENTON, DC

Respondent Name

INDEMNITY INSURANCE CO OF NORTH
AMERICA

MFDR Tracking Number

M4-17-0765-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

NOVEMBER 17, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Initially the claim was submitted on **04/12/2016**. We received a Denial for DOS 01/08/2016 with a denial of timely filing...Enclosed I have submitted all information according to timely filing so that, that's not the issue."

Amount in Dispute: \$262.83

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "We have reviewed the MDR request and we are standing on our original denial of the bill for timely filing. The attached EORs show our receipt date of 04/18/2016 for both dates of service in question. The documentation provided to prove timely filing only shows that it was printed on the 95th day from the 01/08/2016 DOS and there was no fax confirmation or any other documentation to show it was transmitted on 04/12/2016. As our receipt date is after the 95th day for both dates of service, we stand on the original zero allowance."

Response Submitted By: ESIS

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 8, 2016	CPT Code 99212 Office Visit	\$97.73	\$0.00
January 11, 2016	CPT Code 99213 Office Visit	\$165.10	\$0.00
TOTAL		\$262.83	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. 28 Texas Administrative Code §102.4(h), effective May 1, 2005, sets out rules to determine when written documentation was sent.
3. The services in dispute were reduced / denied by the respondent with the following reason code:
 - 29-The time limit for filing has expired.

Issues

Did the requestor support position that the disputed bills were submitted timely?

Findings

According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason code "29-The time limit for filing has expired." The respondent states "We have reviewed the MDR request and we are standing on our original denial of the bill for timely filing. The attached EORs show our receipt date of 04/18/2016 for both dates of service in question. The documentation provided to prove timely filing only shows that it was printed on the 95th day from the 01/08/2016 DOS and there was no fax confirmation or any other documentation to show it was transmitted on 04/12/2016. As our receipt date is after the 95th day for both dates of service, we stand on the original zero allowance."

Texas Labor Code §408.027(a) states, "A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment."

28 Texas Administrative Code §102.4(h), states, "Unless the great weight of evidence indicates otherwise, written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus five days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."

The division finds that the requestor did not sufficiently support that the disputed bills were submitted timely in accordance with Texas Labor Code §408.027(a). As a result, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

12/22/2016

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.